

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Received
Official Use Only

MAR 17 2011

Please type or print in ink.

NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)
BRENNER		DAVID	A.

1. Office, Agency, or Court

Agency Name

CIRM

Division, Board, Department, District, if applicable

ICOC

Your Position

ICOC Member

► If filing for multiple positions, list below or on an attachment.

Agency: University of California

Position: Vice Chancellor & Dean (UC San Diego)

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge (Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

☐ City of _____

☐ Other _____

3. Type of Statement (Check at least one box)

☒ **Annual:** The period covered is January 1, 2010, through December 31, 2010.

-or-

The period covered is _____/_____/_____, through December 31, 2010.

☐ **Leaving Office:** Date Left _____/_____/_____
(Check one)

☐ The period covered is January 1, 2010, through the date of leaving office.

☐ **Assuming Office:** Date _____/_____/_____

☐ The period covered is _____/_____/_____, through the date of leaving office.

☐ **Candidate:** Election Year _____

Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 7

☐ **Schedule A-1 - Investments** – schedule attached

☒ **Schedule C - Income, Loans, & Business Positions** – schedule attached

☐ **Schedule A-2 - Investments** – schedule attached

☒ **Schedule D - Income – Gifts** – schedule attached

☐ **Schedule B - Real Property** – schedule attached

☒ **Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or-

☐ **None** - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

La Jolla

CA

DAYTIME TELEPHONE NUMBER

E-MAIL ADDRESS

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 03/10/2011
(month, day, year)

Signature _____
(Sign in ink and attach to statement with your filing official.)

SCHEDULE C
Income, Loans, & Business
Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name BRENNER, DAVID A

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

Alcoholic Beverage Medical Research Foundation

ADDRESS (Business Address Acceptable)

1122 Kenilworth Drive, Suite 407

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Baltimore, MD 21204

YOUR BUSINESS POSITION

Board of Trustees member

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☒ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☐ Spouse's or registered domestic partner's income

☐ Loan repayment ☐ Partnership

☐ Sale of _____
(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☒ Other Income for services rendered
(Describe)

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

American Association for the Study of Liver Disease

ADDRESS (Business Address Acceptable)

1001 North Fairfax Street, Suite 400

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Alexandria, VA 22314

YOUR BUSINESS POSITION

Scientific meeting presenter

GROSS INCOME RECEIVED

- ☒ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☐ Spouse's or registered domestic partner's income

☐ Loan repayment ☐ Partnership

☐ Sale of _____
(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☒ Other Income for services rendered
(Describe)

► **2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000
☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000
☐ OVER \$100,000

INTEREST RATE

_____% ☐ None

TERM (Months/Years)

SECURITY FOR LOAN

☐ None ☐ Personal residence

☐ Real Property _____
Street address
City

☐ Guarantor _____

☐ Other _____
(Describe)

Comments: _____

SCHEDULE C
Income, Loans, & Business
Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name BRENNER, DAVID A

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

University of Pennsylvania Liver Diseases Center

ADDRESS (Business Address Acceptable)

415 Curie Boulevard, 600 Clinical Research Building

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Philadelphia, PA 19104

YOUR BUSINESS POSITION

Retreat presenter

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☒ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☐ Spouse's or registered domestic partner's income

☐ Loan repayment ☐ Partnership

☐ Sale of _____
(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☒ Other Income for services rendered
(Describe)

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

Mirina Corporation

ADDRESS (Business Address Acceptable)

1616 Eastlake Avenue East, Suite 200

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Seattle, WA 98102

YOUR BUSINESS POSITION

Scientific advisor

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☒ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☐ Spouse's or registered domestic partner's income

☐ Loan repayment ☐ Partnership

☐ Sale of _____
(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☒ Other Income for services rendered
(Describe)

► **2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000
☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000
☐ OVER \$100,000

INTEREST RATE

_____ % ☐ None

TERM (Months/Years)

SECURITY FOR LOAN

☐ None ☐ Personal residence

☐ Real Property _____
Street address
City

☐ Guarantor _____

☐ Other _____
(Describe)

Comments: _____

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name BRENNER, DAVID A

► NAME OF SOURCE
 Rady Children's Hospital Board of Trustees
 ADDRESS (Business Address Acceptable)
 3020 Children's Way
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
 San Diego, CA 92103

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 15 / 10	\$ 250	Holiday gift bag
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE

 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE

 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE

 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE

 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE

 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>BRENNER, DAVID A</u>

- **Reminder – you must mark the gift or income box.**
- **You are not required to report income from government agencies.**
- **You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.**

▶ NAME OF SOURCE <u>Gordon Research Conference</u>	
ADDRESS (Business Address Acceptable) <u>2055 Harbor Boulevard</u>	
CITY AND STATE <u>Ventura, CA 93001</u>	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
<u>Scientific meeting presenter</u>	
DATE(S): <u>02 / 21 / 10</u> - <u>02 / 26 / 10</u> AMT: \$ <u>248.00</u> <small>(If applicable)</small>	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input checked="" type="checkbox"/> Income	
DESCRIPTION: <u>Reimbursement for travel expenses</u>	

▶ NAME OF SOURCE <u>Mirina Corporation</u>	
ADDRESS (Business Address Acceptable) <u>1616 Eastlake Avenue, Suite 200</u>	
CITY AND STATE <u>Seattle, WA 98102</u>	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
<u>Scientific Advisor</u>	
DATE(S): <u>03 / 09 / 10</u> - <u>03 / 10 / 10</u> AMT: \$ <u>694.00</u> <small>(If applicable)</small>	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input checked="" type="checkbox"/> Income	
DESCRIPTION: <u>Reimbursement for travel expenses</u>	

▶ NAME OF SOURCE <u>Asian Pacific Association for the Study of the Liver</u>	
ADDRESS (Business Address Acceptable) <u>9/F New Hennesy Tower, 263 Hennesy Road</u>	
CITY AND STATE <u>Wan Chai, Hong Kong</u>	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
<u>Scientific meeting presenter</u>	
DATE(S): <u>03 / 24 / 10</u> - <u>03 / 28 / 10</u> AMT: \$ <u>1,476.40</u> <small>(If applicable)</small>	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input checked="" type="checkbox"/> Income	
DESCRIPTION: <u>Reimbursement for travel expenses</u>	

▶ NAME OF SOURCE <u>Washington University DDRCC</u>	
ADDRESS (Business Address Acceptable) <u>660 South Euclid Avenue</u>	
CITY AND STATE <u>St. Louis, MO 63110</u>	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
<u>Executive Committee member</u>	
DATE(S): <u>04 / 13 / 10</u> - <u>04 / 14 / 10</u> AMT: \$ <u>919.80</u> <small>(If applicable)</small>	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input checked="" type="checkbox"/> Income	
DESCRIPTION: <u>Reimbursement for travel expenses</u>	

Comments: _____

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Please type or print in ink.

NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)
BRENNER		DAVID	A.

1. Office, Agency, or Court

Agency Name

CIRM

Division, Board, Department, District, if applicable

ICOC

Your Position

ICOC Member

► If filing for multiple positions, list below or on an attachment.

Agency: University of California

Position: Vice Chancellor & Dean (UC San Diego)

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge (Statewide Jurisdiction)

☐ Multi-County

☐ County of

☐ City of

☐ Other

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2010, through December 31, 2010.

-or-

The period covered is _____, through December 31, 2010.

☐ Leaving Office: Date Left _____
(Check one)

☐ The period covered is January 1, 2010, through the date of leaving office.

☐ Assuming Office: Date _____

☐ The period covered is _____, through the date of leaving office.

☐ Candidate: Election Year _____

Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 7

☐ Schedule A-1 - Investments - schedule attached

☒ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

DAYTIME TELEPHONE NUMBER

E-MAIL ADDRESS

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 03/10/2011
(month, day, year)

Signature

(Printed name of filer and statement with your filing official.)

SCHEDULE C
Income, Loans, & Business
Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name BRENNER, DAVID A

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

Alcoholic Beverage Medical Research Foundation

ADDRESS (Business Address Acceptable)

1122 Kenilworth Drive, Suite 407

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Baltimore, MD 21204

YOUR BUSINESS POSITION

Board of Trustees member

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☒ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

- ☐ Salary ☐ Spouse's or registered domestic partner's income
☐ Loan repayment ☐ Partnership

☐ Sale of _____
(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☒ Other Income for services rendered
(Describe)

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

American Association for the Study of Liver Disease

ADDRESS (Business Address Acceptable)

1001 North Fairfax Street, Suite 400

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Alexandria, VA 22314

YOUR BUSINESS POSITION

Scientific meeting presenter

GROSS INCOME RECEIVED

- ☒ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

- ☐ Salary ☐ Spouse's or registered domestic partner's income
☐ Loan repayment ☐ Partnership

☐ Sale of _____
(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☒ Other Income for services rendered
(Describe)

► **2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000
☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000
☐ OVER \$100,000

INTEREST RATE

_____ % ☐ None

TERM (Months/Years)

SECURITY FOR LOAN

☐ None ☐ Personal residence

☐ Real Property _____
Street address

_____ City

☐ Guarantor _____

☐ Other _____
(Describe)

Comments: _____

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION	
Name	
BRENNER, DAVID A	

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

NAME OF LENDER* _____ ADDRESS (<i>Business Address Acceptable</i>) _____ BUSINESS ACTIVITY, IF ANY, OF LENDER _____ _____ HIGHEST BALANCE DURING REPORTING PERIOD <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	INTEREST RATE _____% <input type="checkbox"/> None SECURITY FOR LOAN <input type="checkbox"/> None <input type="checkbox"/> Personal residence <input type="checkbox"/> Real Property _____ <div style="text-align: right;"><i>Street address</i></div> <div style="text-align: right;"><i>City</i></div> <input type="checkbox"/> Guarantor _____ <input type="checkbox"/> Other _____ <div style="text-align: right;"><i>(Describe)</i></div>
---	--

Comments: _____

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name BRENNER, DAVID A

► NAME OF SOURCE

 ADDRESS (Business Address Acceptable)

 3020 Children's Way
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

 San Diego, CA 92103
 DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
 12 / 15 / 10 \$ 250 Holiday gift bag

► NAME OF SOURCE

 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

 DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

► NAME OF SOURCE

 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

 DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

► NAME OF SOURCE

 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

 DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

► NAME OF SOURCE

 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

 DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

► NAME OF SOURCE

 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

 DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name BRENNER, DAVID A

- **Reminder – you must mark the gift or income box.**
- **You are not required to report income from government agencies.**
- **You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.**

▶ NAME OF SOURCE <u>Gordon Research Conference</u>	
ADDRESS (Business Address Acceptable) <u>2055 Harbor Boulevard</u>	
CITY AND STATE <u>Ventura, CA 93001</u>	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
<u>Scientific meeting presenter</u>	
DATE(S): <u>02 / 21 / 10</u> - <u>02 / 26 / 10</u> AMT: \$ <u>248.00</u> <small>(If applicable)</small>	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input checked="" type="checkbox"/> Income	
DESCRIPTION: <u>Reimbursement for travel expenses</u>	

▶ NAME OF SOURCE <u>Mirina Corporation</u>	
ADDRESS (Business Address Acceptable) <u>1616 Eastlake Avenue, Suite 200</u>	
CITY AND STATE <u>Seattle, WA 98102</u>	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
<u>Scientific Advisor</u>	
DATE(S): <u>03 / 09 / 10</u> - <u>03 / 10 / 10</u> AMT: \$ <u>694.00</u> <small>(If applicable)</small>	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input checked="" type="checkbox"/> Income	
DESCRIPTION: <u>Reimbursement for travel expenses</u>	

▶ NAME OF SOURCE <u>Asian Pacific Association for the Study of the Liver</u>	
ADDRESS (Business Address Acceptable) <u>9/F New Hennesy Tower, 263 Hennesy Road</u>	
CITY AND STATE <u>Wan Chai, Hong Kong</u>	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
<u>Scientific meeting presenter</u>	
DATE(S): <u>03 / 24 / 10</u> - <u>03 / 28 / 10</u> AMT: \$ <u>1,476.40</u> <small>(If applicable)</small>	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input checked="" type="checkbox"/> Income	
DESCRIPTION: <u>Reimbursement for travel expenses</u>	

▶ NAME OF SOURCE <u>Washington University DDRCC</u>	
ADDRESS (Business Address Acceptable) <u>660 South Euclid Avenue</u>	
CITY AND STATE <u>St. Louis, MO 63110</u>	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
<u>Executive Committee member</u>	
DATE(S): <u>04 / 13 / 10</u> - <u>04 / 14 / 10</u> AMT: \$ <u>919.80</u> <small>(If applicable)</small>	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input checked="" type="checkbox"/> Income	
DESCRIPTION: <u>Reimbursement for travel expenses</u>	

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>BRENNER, DAVID A</u>

- **Reminder – you must mark the gift or income box.**
- **You are not required to report income from government agencies.**
- **You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.**

▶ NAME OF SOURCE	
<u>Association of American Physicians</u>	
ADDRESS (Business Address Acceptable)	
<u>45685 Harmony Lane</u>	
CITY AND STATE	
<u>Belleville, MI 48111</u>	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
<u>Advisory Council member</u>	
DATE(S): <u>04 / 23 / 10</u> - <u>04 / 25 / 10</u> AMT: \$ <u>1,672.40</u>	
(If applicable)	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input checked="" type="checkbox"/> Income	
DESCRIPTION: <u>Reimbursement for travel expenses</u>	

▶ NAME OF SOURCE	
<u>University of Pennsylvania Liver Diseases Center</u>	
ADDRESS (Business Address Acceptable)	
<u>415 Curie Boulevard, 600 Clinical Research Building</u>	
CITY AND STATE	
<u>Philadelphia, PA 19104</u>	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
<u>Center retreat presenter</u>	
DATE(S): <u>05 / 09 / 10</u> - <u>09 / 11 / 10</u> AMT: \$ <u>489.60</u>	
(If applicable)	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input checked="" type="checkbox"/> Income	
DESCRIPTION: <u>Reimbursement for travel expenses</u>	

▶ NAME OF SOURCE	
<u>Alpha-1 Foundation</u>	
ADDRESS (Business Address Acceptable)	
<u>2937 SW 27th Avenue, Suite 302</u>	
CITY AND STATE	
<u>Miami, FL 33133</u>	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input checked="" type="checkbox"/> 501 (c)(3)
<u>Board of Directors member</u>	
DATE(S): <u>05 / 12 / 10</u> - <u>05 / 12 / 10</u> AMT: \$ <u>16.00</u>	
(If applicable)	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input checked="" type="checkbox"/> Income	
DESCRIPTION: <u>Reimbursement for travel expenses*</u>	

▶ NAME OF SOURCE	
<u>Cleveland Clinic Digestive Disease Institute</u>	
ADDRESS (Business Address Acceptable)	
<u>9500 Euclid Avenue</u>	
CITY AND STATE	
<u>Cleveland, OH 44195</u>	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
<u>Search committee member</u>	
DATE(S): <u>07 / 29 / 10</u> - <u>07 / 30 / 10</u> AMT: \$ <u>816.36</u>	
(If applicable)	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input checked="" type="checkbox"/> Income	
DESCRIPTION: <u>Reimbursement for travel expenses</u>	

Comments: *Alpha-1 Foundation arranged & paid for 5/12/10 meeting transportation

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>BRENNER, DAVID A</u>

- **Reminder – you must mark the gift or income box.**
- **You are not required to report income from government agencies.**
- **You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.**

▶ NAME OF SOURCE <u>ISN Nexus Symposium</u>	
ADDRESS (Business Address Acceptable) <u>Universitair Medisch Centrum</u>	
CITY AND STATE <u>Postbus 85500, 3408 GA Utrecht, Switzerland</u>	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
<u>Symposium presenter</u>	
DATE(S): <u>06/29/10</u> - <u>07/02/10</u> AMT: \$ <u>1,555.19</u> <small>(If applicable)</small>	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input checked="" type="checkbox"/> Income	
DESCRIPTION: <u>Reimbursement for travel expenses</u>	

▶ NAME OF SOURCE <u>American Association for the Study of Liver Disease</u>	
ADDRESS (Business Address Acceptable) <u>1001 North Fairfax Street, Suite 400</u>	
CITY AND STATE <u>Alexandria, VA 22341</u>	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
<u>Scientific meeting presenter</u>	
DATE(S): <u>10/28/10</u> - <u>11/02/10</u> AMT: \$ <u>380.76</u> <small>(If applicable)</small>	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input checked="" type="checkbox"/> Income	
DESCRIPTION: <u>Reimbursement for travel expenses</u>	

▶ NAME OF SOURCE <u>Tissue Fibrosis Project Conference</u>	
ADDRESS (Business Address Acceptable) <u>Zweibruckenstr.2</u>	
CITY AND STATE <u>80331 Munich, Germany</u>	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
<u>Scientific conference presenter</u>	
DATE(S): <u>09/24/10</u> - <u>10/03/10</u> AMT: \$ <u>1,059.80</u> <small>(If applicable)</small>	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input checked="" type="checkbox"/> Income	
DESCRIPTION: <u>Reimbursement for travel expenses</u>	

▶ NAME OF SOURCE <u>Alcoholic Beverage Medical Research Foundation</u>	
ADDRESS (Business Address Acceptable) <u>1122 Kenilworth Drive, Suite 407</u>	
CITY AND STATE <u>Baltimore, MD 21204</u>	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input checked="" type="checkbox"/> 501 (c)(3)
<u>Board of Trustees member</u>	
DATE(S): <u>11/07/10</u> - <u>11/09/10</u> AMT: \$ <u>72.00</u> <small>(If applicable)</small>	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input checked="" type="checkbox"/> Income	
DESCRIPTION: <u>Reimbursement for travel expenses*</u>	

Comments: *ABRMF arranged and paid for meeting transportation